

AVIVA LIFE INSURANCE COMPANY
108 Myrtle Street, Quincy, MA 02171

APPLICATION for a SINGLE PREMIUM STRUCTURED SETTLEMENT ANNUITY

on the Life of Daniel Porter

POLICY NUMBER	
055475143	
DATE RECEIVED	
5/9/03	

SOCIAL SECURITY NUMBER:

1.) Home Address: 3208 S. 2nd Street White Hall, PA 16052
Street & No. City State Zip Tel No.

2.) Business Address: Street & No. City State Zip Tel No.

3.) Sex: MALE Birthdate 0 Age Nearest Birthday _____ Birthplace(State) _____
 FEMALE

4.) Source from which date of birth is obtained (SEND A LEGIBLE PHOTOCOPY OF SOURCE):
 Birth Certificate Drivers License Passport Other

5.) Beneficiary(ies): Elizabeth Porter Birthdate _____ Age _____
(use special request section for additional beneficiaries)

Relationship Wife Social Security Number: _____

6a.) Name of Owner: Aviva Assignment Corporation

6b.) Address: Street & No. City State Zip

7a.) Initial Income to Annuitant: \$ 555.08

7b.) Income payments are to be made:
 Monthly Quarterly Semi-Annually Annually

Note: Income payments unless otherwise agreed upon, begin one modal period after receipt of premium.
(e.g. annual income will start one year from premium receipt.)

7c.) Income payments are to be made/sent to:
 Annuitant Bank _____ Bank Account No. _____

(We require a voided preprinted deposit slip or check for this type of payment)

Bank Address: _____

8.) Income Commencement Date: 07/02/2004

9.) Annuity Plan: SEE BACK

(A) Single Premium Immediate Annuity

Lifetime Only (No Certain period, no beneficiary) Increasing _____ %

_____ Year's Certain Only (No Lifetime Contingencies) Increasing _____ %

_____ Years Certain and Life Increasing _____ %

Installment Refund Joint with _____ % to Either Survivor % Male Survivor % Female Survivor

Joint with _____ % to Either Survivor % Male Survivor % Female Survivor

(B) Single Premium Deferred Annuity

Single Premium Deferred Life Annuity with Years Certain

Single Premium Deferred Annuity (e.g. Lumpsum(s))

Amount \$ _____ Date _____ Amount \$ _____ Date _____

Amount \$ _____ Date _____ Amount \$ _____ Date _____

Amount \$ _____ Date _____ Amount \$ _____ Date _____

Amount \$ _____ Date _____ Amount \$ _____ Date _____

(C) Other _____

10.) Annuitant/Owners Special Requests _____

valuable consideration (circle if applicable)

11.) Amount Paid

\$

12.) Executive Office Additions or Corrections

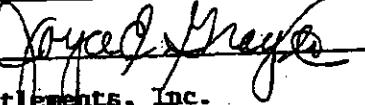
IT IS UNDERSTOOD AND AGREED: (1) that all answers to the questions above to the best of my knowledge and belief are complete and true; (2) that all answers to such questions, together with this agreement shall form the basis and become a part of any contract issued hereunder; (3) that except as otherwise provided in the attached receipt, the annuity hereunder applied for shall not take effect until a contract therefore is delivered to the owner and the premium is paid; (4) that the proposed annuitant shall be the Applicant unless some other person or firm shall sign as Applicant; (5) that the owner of any contract issued hereunder shall be the Applicant unless otherwise agreed; (6) that Ownership shall be exercised as provided in any such contract; (7) that acceptance of any contract issued on this application will constitute a ratification of any correction in or addition to this application by the Company. However, no change shall be made as to amount, age at issue, classification, form of annuity or benefits unless agreed to in writing.

Dated at _____
City/Town _____ State _____

Witness _____ Date _____ Proposed Annuitant

Witness _____ Date _____ Owner

Agent's Name _____ Joyce E. Gray

Date 5/2/2003 Signature of Agent 

Agent's Company _____ Diversified Settlements, Inc.

Agent's Telephone Number _____ 800-245-5717

Agent's Code _____ 48A96

Licensee ID Number _____

Schedule of Benefits:

Payee: Daniel Porter

\$555.08, Quarterly, beginning 07/02/2004 for a period certain of 13 years; and,

\$275.00, Monthly, for life, beginning 07/02/2017 with 12 years guaranteed.